

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number Q96052 Confirmation Number 9224	
Application Number    10/597,311		Filing Date    July 20, 2006	
For    FLEXIBLE PIPE			
Art Unit    3754		Examiner Name    HOOK, JAMES F	
<b>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</b>			
<b>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</b>			
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))		Fee    \$130.00	Small Entity Fee    \$65.00
<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))		\$490.00	\$245.00
<input type="checkbox"/> Three month (37 CFR 1.17(a)(3))		\$1110.00	\$555.00
<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))		\$1730.00	\$865.00
<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))		\$2350.00	\$1175.00
<input type="checkbox"/> Previous Payment Amount		Date Submitted _____	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, <b>except for the Issue Fee and the Publication Fee</b> , or credit any overpayment, to Deposit Account Number 19-4880.			
I am the <input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>61,446</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. <input type="checkbox"/> Registration number if acting under 37 CFR 1.34    _____			
WASHINGTON OFFICE <b>23373</b> CUSTOMER NUMBER			
<hr style="border: 0.5px solid black; margin-bottom: 5px;"/> / Travis B. Ribar / Signature		December 30, 2010 Date	
<hr style="border: 0.5px solid black; margin-bottom: 5px;"/> Travis B. Ribar Typed or printed name		<hr style="border: 0.5px solid black; margin-bottom: 5px;"/> (202) 293-7060 Telephone Number	
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.			